



State of Georgia  
State Board of Workers' Compensation  
270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299

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**ANNUAL REPORT OF SELF-INSURER'S PAYROLL**

	(Name and Title of Person Preparing Report)		
	(Company's Name)		
	(Number and Street or P.O. Box)		(Telephone)
	(City)	(State)	(Zip Code)

**Report due on or before March 1, 2004**

Code Section 34-9-63 of the Georgia Code Annotated provides for the Annual Assessment to be made after July 1 based on the total payroll for the previous calendar year. Overtime wages will be reported at normal rates.

**NOTE 1:** Unless the Executive Officers have elected to exempt themselves from Workers' Compensation coverage and filed the proper exemption papers with the Board, the payroll for all such officers named in the charter or by the bylaws of the Corporation shall be included in the payroll report. Subject to a minimum individual payroll of \$300 per week and a maximum individual payroll of \$2,200 per week.

**NOTE 2:** If board, lodging, house rent or other substantial perquisite is given the employee in addition to a fixed wage, the value of such board, lodging, house rent or other substantial perquisite must be included in the payroll.

**NOTE 3:** The correctness of this report must be sworn to an acknowledged before a Notary Public or other person authorized to administer oaths.

**NOTE 4:** UNLESS THE PAYROLL BELOW IS SUBDIVIDED INTO ITS PROPER CLASSIFICATIONS, THE HIGHEST RATE APPLICABLE WILL BE USED IN CALCULATING THE PREMIUM.

Payroll for Calendar Year 2003  
PLEASE COMPLETE THE FIRST FOUR (4) COLUMNS LISTED BELOW

Enter Type of Work	Enter No. of Employees	Enter Payroll	Enter Job Classification Code	(For Board Use Only) Job Rate	(For Board Use Only) Calculated Premium
TOTALS					

IF ADDITIONAL SPACE IS NEEDED, PLEASE LIST ON SEPARATE SHEET AND ATTACH TO THIS FORM.

I, certify that the amounts appearing as wages for the period from January 1, 20\_\_\_\_ to December 31, 20\_\_\_\_ inclusive to the best of my knowledge and belief are true, correct and complete.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_

(Employer sign here; if a corporation, by an executive officer)

Subscribed and sworn to by \_\_\_\_\_ before me, a Notary Public

in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_